

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10790404

FILING DATE

07/13/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10						
11						
12						
13						
14						
15	1					
16						
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	63					
TOTAL CLAIMS	73					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		2				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS